

SOUTHWEST TEXAS JUNIOR COLLEGE
EMPLOYEE COMPLAINT FORM – LEVEL ONE

Any employee filing a complaint under SWTJC Policy DGBA must fill out this form completely and submit it to the lowest level administrator who has authority to address your complaint, unless another process is required under the Policy. All complaints will be processed in accordance with Policy DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein.

EMPLOYEE NAME _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMPLOYMENT POSITION _____

DEPARTMENT/CAMPUS _____

If you will be represented in presenting your complaint, please identify the person authorized to represent you.

Name: _____

Address: _____

Telephone number: _____

Please state the date of the event or the dates of any series of events causing the complaint:

Please identify each person against whom you are making your complaint, if any:

Please describe the decision or circumstances causing your complaint (give specific factual details including relevant dates and identification of persons involved, if any – use additional pages if needed):

Please explain how you have been harmed by this decision or circumstance:

Please describe any efforts you have made to resolve your complaint informally and the response to your efforts, including the names of those persons with whom you have communicated and the dates of such communications:

Please describe the outcome or remedy you seek for this complaint:

Employee signature _____

Signature of Employee's Representative _____

Date of Filing _____

PLEASE NOTE: A complaint form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if refiled within the designated time for filing an initial complaint.

Attach to this form any documents you believe will support your complaint; if unavailable when you submit this form, such documents may be presented no later than the Level One conference. Please keep a copy of the completed form and any supporting documentation for your records.

For Administration Use Only:

Date received _____ Person receiving Level One form _____

SOUTHWEST TEXAS JUNIOR COLLEGE
EMPLOYEE COMPLAINT FORM – LEVEL TWO

To appeal a Level One decision or the lack of a timely response after a Level One conference, please fill out this form completely and submit by hand delivery, fax, or U.S. mail to the appropriate Dean within the time set out in SWTJC Policy DGBA (LOCAL). Level Two appeals will be considered in accordance with DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein.

Name _____

Address _____

Telephone number _____

Employment Position _____ Campus/Department _____

Representative's Name, if any _____

Representative's Address _____

Representative's Phone Number _____

To whom did you present your complaint at Level One? _____

Date of Level One conference _____

Date you received Level One response _____

Please explain specifically how you disagree with the outcome at Level One (use additional pages if needed):

Attach a copy of your original complaint and any documentation submitted at Level One.

Attach a copy of the Level One response being appealed, if applicable.

Employee signature _____

Signature of Employee's representative, if any _____

Date of filing _____

For Administrative Use Only:

Date received _____

Level Two Complaint form received by _____

SOUTHWEST TEXAS JUNIOR COLLEGE
EMPLOYEE COMPLAINT FORM – LEVEL THREE

To appeal a Level Two decision or the lack of a timely response after a Level Two conference, please fill out this form completely and submit by hand delivery, fax, or U.S. mail to the President within the time set out in SWTJC Policy DGBA (LOCAL). Level Three appeals will be considered in accordance with DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein. The President will appoint a Level Three Committee which will hear the Level Three complaint.

Name _____

Address _____

Telephone number _____

Employment Position _____ Campus/Department _____

Representative's Name, if any _____

Representative's Address _____

Representative's Phone Number _____

To whom did you present your complaint at Level Two? _____

Date of Level Two conference _____

Date you received Level Two response _____

Please explain specifically how you disagree with the outcome at Level Two (use additional pages if needed):

Attach a copy of your original complaint and any documentation previously submitted.

Attach a copy of the Level Two response being appealed, if applicable.

Employee signature _____

Signature of Employee's representative, if any _____

Date of filing of Level Three Complaint _____

For Administrative Use Only:

Date received _____

Level Three Complaint form received by _____

SOUTHWEST TEXAS JUNIOR COLLEGE
EMPLOYEE COMPLAINT FORM – LEVEL FOUR

To appeal a Level Three decision or the lack of a timely response after a Level Three conference, please fill out this form completely and submit by hand delivery, fax, or U.S. mail to the President within the time set out in SWTJC Policy DGBA (LOCAL). Level Four appeals will be considered in accordance with DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein.

Name _____

Address _____

Telephone number _____

Employment Position _____ Campus/Department _____

Representative's Name, if any _____

Representative's Address _____

Representative's Phone Number _____

To whom did you present your complaint at Level Three? _____

Date of Level Three conference _____

Date you received Level Three response _____

Please explain specifically how you disagree with the outcome at Level Three (use additional pages if needed):

Attach a copy of your original complaint and any documentation previously submitted.

Attach a copy of the Level Three response being appealed, if applicable.

Employee signature _____

Signature of Employee's representative, if any _____

Date of filing of Level Four Complaint _____

For Administrative Use Only:

Date received _____

Level Four Complaint form received by _____

SOUTHWEST TEXAS JUNIOR COLLEGE
EMPLOYEE COMPLAINT FORM – LEVEL FIVE

To appeal a Level Four decision or the lack of a timely response after a Level Four conference, please fill out this form completely and submit by hand delivery, fax, or U.S. mail to the SWTJC Board President within the time set out in SWTJC Policy DGBA (LOCAL). Level Five appeals will be considered in accordance with DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein.

Name _____

Address _____

Telephone number _____

Employment Position _____ Campus/Department _____

Representative's Name, if any _____

Representative's Address _____

Representative's Phone Number _____

To whom did you present your complaint at Level Four? _____

Date of Level Four conference _____

Date you received Level Four response _____

Please explain specifically how you disagree with the outcome at Level Four (use additional pages if needed):

Attach a copy of your original complaint and any documentation previously submitted.

Attach a copy of the Level Four response being appealed, if applicable.

Employee signature _____

Signature of Employee's representative, if any _____

Date of filing of Level Five Complaint _____

For Administrative Use Only:

Date received _____

Level Five Complaint form received by _____